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Date March 31, 2005 **Client-Matter #** 31727-2019
From John C. Hunt, Ph.D. **Direct Tel** 416.865.8121
Page(s) 13 (including this cover page)

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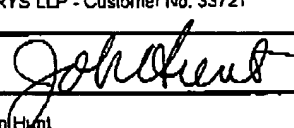
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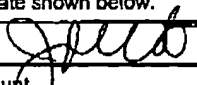
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| TRANSMITTAL FORM | Application Number | 10/657,707 | |
| | Filing Date | September 9, 2003 | |
| | First Named Inventor | ILEA | |
| | Art Unit | 3676 | |
| | Examiner Name | BOSWELL, Christopher J. | |
| (to be used for all correspondence after initial filing) | | | |
| Total Number of Pages in This Submission | 12 | Attorney Docket Number | 31727-2019 |

| ENCLOSURES (check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Non-patent references |
| <div style="border: 1px solid black; padding: 5px;"> Remarks </div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|-------|
| Firm | TORYS LLP - Customer No. 33721 | | |
| Signature |  | | |
| Printed Name | John Hunt | | |
| Date | March 31, 2005 | Reg. No. | 36424 |

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| Signature |  | | |
| Typed or printed name | John Hunt | Date | March 31, 2005 |

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|---|--|----------------------|-------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL for FY 2005 | | Application Number | 10/657,707 |
| | | Filing Date | September 9, 2003 |
| | | First Named Inventor | ILEA |
| | | Examiner Name | BOSWELL, Christopher J. |
| | | Art Unit | 3676 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 31727-2019 |
| TOTAL AMOUNT OF PAYMENT (\$) 0.00 | | | |

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|---------------------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 30 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) |
| _____ - 20 or HP = _____ | x _____ | = _____ |
| HP = highest number of total claims paid for, if greater than 20. | | |
| Indep. Claims | Extra Claims | Fee (\$) |
| _____ - 3 or HP = _____ | x _____ | = _____ |
| HP = highest number of independent claims paid for, if greater than 3. | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
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4. OTHER FEE(S)

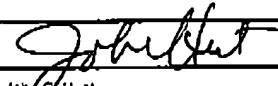
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

Fees Paid (\$)

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|-------------------|---|--------------------------------------|----------------|-----------|--------------|
| Signature |  | Registration No. (Attorney/Agent) | 35426 | Telephone | 416.865.8121 |
| Name (Print/Type) | John C. Hunt | Date | March 31, 2005 | | |

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